

New Jersey Agricultural Mediation Program

Request for Voluntary Mediation

For disputes involving actions and decisions concerning USDA programs

I (we) _____ request voluntary mediation under the New Jersey Agricultural Mediation Program (NJAMP).

Name _____

Address _____

City, State, Zip _____

Telephone Number _____

Email _____

I am: _____ a commercial farm operator or owner

_____ a USDA representative (title: _____)

_____ another party (describe: _____)

List the person(s) and/or USDA agency you are requesting mediation with:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Briefly describe the situation or dispute: _____

Please list any other individuals you would like have participate in the mediation:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Please list the following farm details, if known:

The block(s)/lot(s) of the farm _____

Which block/lot is the mediation request is associated with? _____

Is the mediation request associated with a preserved farm? _____

I hereby give permission to NJAMP to release this information to the mediator assigned to the case. I understand this information is being released for the purpose of mediation only and shall not be released for any other purpose without my permission. By returning this completed request form, I am consenting to participate in mediation. I accept the policies and procedures outlined for the program.

Signature

Date

Please forward this completed request to the New Jersey Agricultural Mediation Program by mail, fax, or email:

New Jersey Agricultural Mediation Program
State Agriculture Development Committee
P.O. Box 330
Trenton, New Jersey 08625
Fax: (609) 633-2004
Email: sadc@ag.state.nj.us
Phone: (609) 984-2504

The other parties involved in this mediation will be notified within five (5) working days after NJAMP receives an initial written request. NJAMP will forward a copy of this document to the other parties as part of the request for mediation. Please keep a copy of this document for your records.

If this form is used as a person's initial mediation request following an adverse determination letter from a USDA agency, it must be postmarked, faxed, or emailed within 30 calendar days of the date of the agency's letter.